

DIABETES IN EDGEFIELD COUNTY

SC Department of Health and Environmental Control

◆ Diabetes Control Program ◆ Chronic Disease Epidemiology Branch
Diabetes Initiative of South Carolina

Diabetes mellitus, a chronic disease characterized by elevated blood sugar levels, is a significant contributor to morbidity and mortality in South Carolina and throughout the United States. Diabetes can cause debilitating and costly complications such as blindness, renal failure, lower extremity amputations, and cardiovascular disease. Much of the health and economic burden of diabetes can be averted through known prevention measures.

In 1998, 5.7 percent of South Carolina adults, equivalent to approximately 163,000 adults, reported having been diagnosed with diabetes. Diabetes was the sixth leading cause of death in South Carolina claiming 1,029 lives in 1997 and contributing to another 3,014 deaths. This report presents the burden of diabetes in Edgefield county.

Behavioral Risk Factors

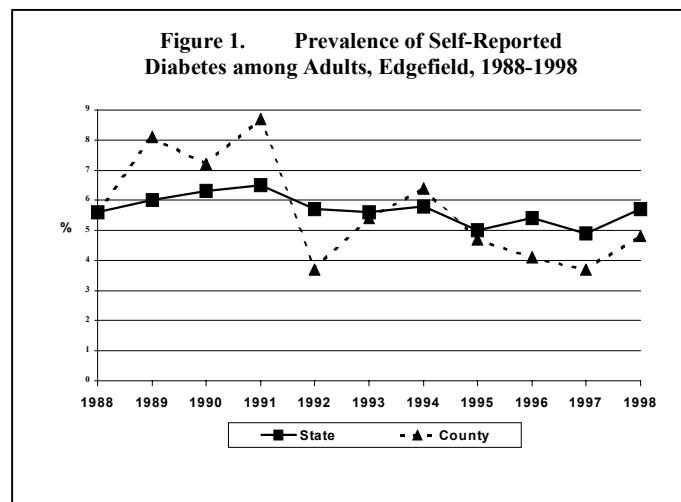
Table 1 displays the prevalence of major behavioral risk factors for diabetes and its complications in Edgefield county and SC in 1998.

Table 1. Prevalence (%) of Behavioral Risk Factors for Diabetes

	Edgefield County	SC
Overweight	49.4	52.3
Current Smokers	23.7	24.7
Physical Inactivity	65.6	61.6
Consuming fruits and vegetables less than 5-A-Day	76.3	78.2
High Cholesterol (1997)	28.0	24.4
Hypertension (1997)	21.5	26.7

Prevalence

In 1998 there were approximately 712 adults (4.8%) aged 18 and older living in Edgefield county who have been told by a doctor some time in their life that they have diabetes (Figure 1).



Morbidity and Complications

In 1997, there were 62 hospital discharges with diabetes as the primary diagnosis among Edgefield county residents. During the same year, there was an additional 212 hospital discharges with diabetes-related condition. African-Americans had more hospitalizations for diabetes than whites: 41 (66%) for diabetes as the primary diagnosis, and 133 (62.7%) for diabetes as a related condition.

In 1997, hospital charges for hospitalizations of Edgefield county residents having diabetes as primary diagnosis were up to \$283,046 and \$1.8 million for diabetes as a related condition. The total length of hospital stay for diabetes as the primary

diagnosis was 262 days.

Edgefield county patients with diabetes who had diabetes-related complications in 1997 included:

- 17 (6.3%) with renal manifestations;
- 7 (2.6%) with lower extremity amputations related to diabetes;
- 14 (5.2%) with diabetic ketoacidosis;
- 8 (2.9%) with renal failure;
- 8 (2.9%) with dialysis.

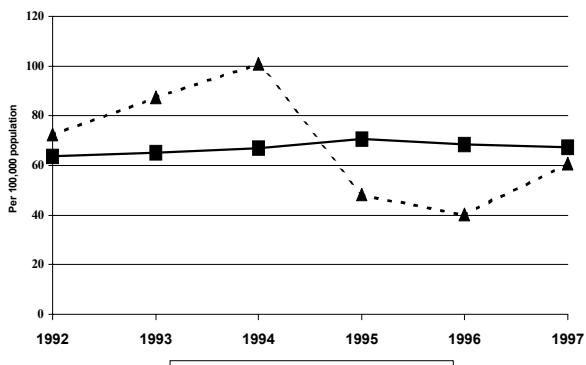
Adults with diabetes are at increased risk of developing cardiovascular disease. Out of 269 hospitalizations for patients with diabetes, 213 (79%) had cardiovascular diseases, and 41 (15.2%) had stroke.

In 1997, there were 16 emergency room (ER) visits for diabetes as the primary diagnosis, among which 13 (81%) were for African-American patients. In addition, there were 118 ER visits for diabetes as a related condition. Total ER charges for diabetes as the primary diagnosis was \$10,399.

Mortality

In 1997, diabetes was listed as the underlying cause of death for 6 residents of Edgefield county. This is an age-standardized mortality rate of 22.4 per 100,000 population, lower than the state average of 39.2 per 100,000 population (Figure 2). Diabetes was listed as a contributing cause in 14 deaths in Edgefield county; a standardized mortality rate of 60.8 per 100,000 population.

Figure 2. Age-Adjusted Mortality Rate of Diabetes, Edgefield, 1992-1997



A total of 143 potential years of life were lost in 1997 because people died prematurely from diabetes. African-American women had the highest standardized mortality (78.6 per 100,000 population) among all race-sex groups.

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